**Annual Munising Youth Wrestling Tournament**

 **When**: Sunday, March 12th, 2023

**Where**: Munising High School

 **Time**: Weigh-ins Sunday from 8am-9am

 Wrestling to begin immediately after bracketing is complete.

 **Cost**: $15 per wrestler (due by Thursday, March 9th)

 $2 spectator fee or $5 per family (2 coaches free per team)

**General Info**: 4-man round robin brackets

 Divisions: Pre-K-K, 1-2, 3-4, 5-6, 7-8

 Medals will be awarded for 1st through 3rd place

 Awards will be handed out at the completion of each bracket

 You **MUST** specify an accurate weight for your child. Brackets will

 be done prior to the tournament. We will be performing weigh-ins to

 ensure the weight specified is within 5% of the actual weight.

 Concessions available all day

 Team trophies for 1st through 3rd.

 Raffles, 50/50, and cash prize drawings!

For additional information or to email registrations, contact Tricia at: tricia.vanlandschoot@mps-up.com.

Emailed registrations must be received by March 9th @ 5pm for bracketing. If you prefer to mail your registration, we must get it prior to 3/9/23.

Make checks payable to: Munising Youth Wrestling

 Tricia VanLandschoot

 225 E Chocolay Street

 Munising, MI. 49862

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Years Wreslting (excluding this year): \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

For bracketing purposes, please mark one:

Usually places: First \_\_\_\_\_\_\_\_ Second \_\_\_\_\_\_\_\_ Third or Fourth: \_\_\_\_\_\_\_\_

In consideration of my child’s acceptance to this tournament, I intend to be legally bound hereby for myself, heris, executor, and administrators, waive and release the Munising Youth Wrestling Club coaches, parents, officials, and volunteers from any and all claims, damages, injuries, or losses suffered by me directly or indirectly in training, traveling to and from, or competing in the above names wrestling tournament. I hereby accept full responsibility for his/her behavior and participation in the tournament and understand that the Munising Youth Wrestling Club has no insurance covering participants.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_